Connecticut Health Care Survey

AETNA FOUNDATION
CHILDREN'S FUND OF CONNECTICUT
CONNECTICUT HEALTH FOUNDATION
DONAGHUE MEDICAL RESEARCH FOUNDATION
FOUNDATION FOR COMMUNITY HEALTH
UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT

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KEY FINDINGS:

- Certain population groups in Connecticut are more likely to be uninsured, including young adults, self-employed individuals, those living in urban centers, manufacturing centers and diverse suburbs and black and Hispanic residents.
- One out of 10 respondents did not get needed care, and nearly 3 out of 10 delayed needed care. Those who are uninsured were 3 times more likely to not get needed care and twice as likely to delay needed care.
- Cost is the primary reason for not seeking or delaying needed care – for both those uninsured and insured.
- Widespread disparities exist in health status and access to a regular source of care, depending on where residents live in Connecticut.

SUMMARY OF POLICY RECOMMENDATIONS:

- Target Access Health CT outreach and enrollment efforts to focus on population groups that were more likely to be uninsured prior to ACA implementation.
- Expand the supply of community-based primary care and encourage providers to join and remain in the Medicaid program to realize the full health and cost benefits of earlier detection, diagnosis and treatment.
- Ensure access to and affordability of care through insurance designs that support prevention and chronic illness management and through educating those who are newly insured about cost-sharing provisions.
- Promote innovative care delivery and payment models and address social determinants of health to improve access to quality, affordable health care and improve health in Connecticut.

Access to Coverage and Care:
Targeting Implementation of the Affordable Care Act to Improve Health in Connecticut

INTRODUCTION

The Affordable Care Act (ACA) aims to extend health insurance coverage to most residents, to improve the affordability and quality of that coverage, to control health care costs, to advance the delivery of health care and ultimately to improve the health of all Americans. After the ACA passed in 2010, the following insurance reforms were among those implemented in the first two years: parental coverage for adults under age 26, the end of lifetime limits and the elimination of out-of-pocket payments for key preventive care services. Expansion of coverage went into effect in 2014 through the establishment of health insurance marketplaces such as Connecticut's Access Health CT. Subsidized private insurance options are now available nationwide, and expanded Medicaid coverage is available in some states, including Connecticut. Those with preexisting conditions can no longer be denied coverage or be forced to pay more because they are sick.

More than 4,400 residents participated in the Connecticut Health Care Survey, which provides a snapshot of health coverage and access to care before full implementation of the ACA. Survey results reveal critical information so that the ACA can be effectively targeted to increase access to quality, affordable health care and improve health for all Connecticut residents.

SURVEY RESULTS

Insurance Coverage: Identifying Gaps in Connecticut

Nearly 60 percent had insurance through their employer, while 11 percent purchased insurance on their own (Figure 1). Nine percent of respondents had no health insurance.

Survey results indicate that 6 percent of white respondents were uninsured, whereas 16 percent of black and 25 percent of Hispanic respondents were uninsured.[a]

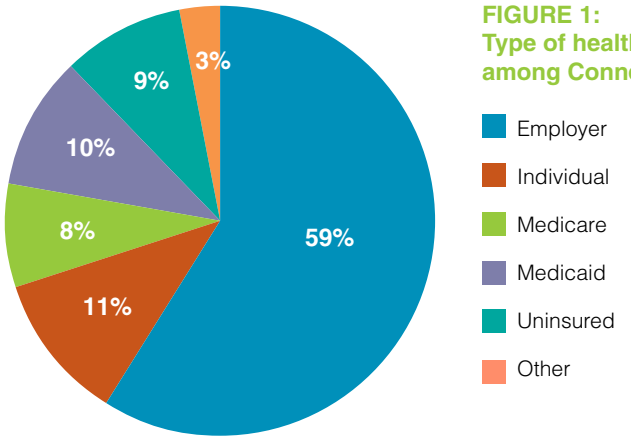


FIGURE 1:
Type of health insurance among Connecticut residents

Age: Vulnerability of Young Adults

Adults 18–34 years old were nearly two times more likely to be uninsured than adults ages 35 and older (15% vs. 8%). Young men were more likely to be uninsured compared to young women (18% vs. 12%) among adults ages 18–34. Young adults are a target population for health insurance coverage because they are healthier and help keep costs lower in an insurance pool that must absorb older and sicker individuals.

Access to Coverage and Care Under the ACA: Emerson's Story*

Emerson is a young African-American man from New Haven. A few years ago, he began having seizures. These seizures became so severe that he was unable to continue working his construction job. This led him into a familiar downward spiral: out of work, he lost his employer-sponsored health insurance and was unable to find a doctor who would treat him. Despite his preexisting condition, Emerson was able to obtain affordable insurance through Access Health CT. Now he will be able to get proper treatment to manage his condition, and he looks forward to going back to work and supporting himself and his family once again.

**Based on a true story*

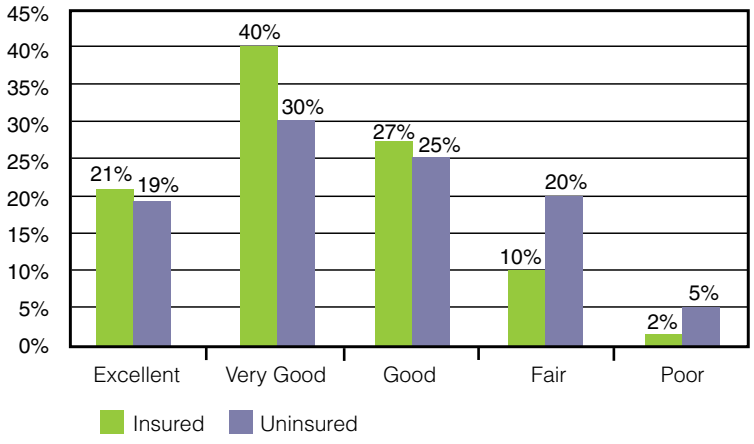
Employment Status: Burden of the Self-Employed and Unemployed

Seven percent of employed adults do not have health insurance. Twenty-seven percent of those who are self-employed are uninsured, similar to the rate among those who are unemployed (29%). The ACA's subsidized private coverage and Medicaid expansion extend new, affordable insurance options to both unemployed and self-employed residents. Coverage for small businesses is also offered through the Small Business Health Options Program (SHOP), with options available for small employers with low-wage workers to receive tax credits to reduce the cost of insurance.

Coverage Matters: Insurance and Health Status

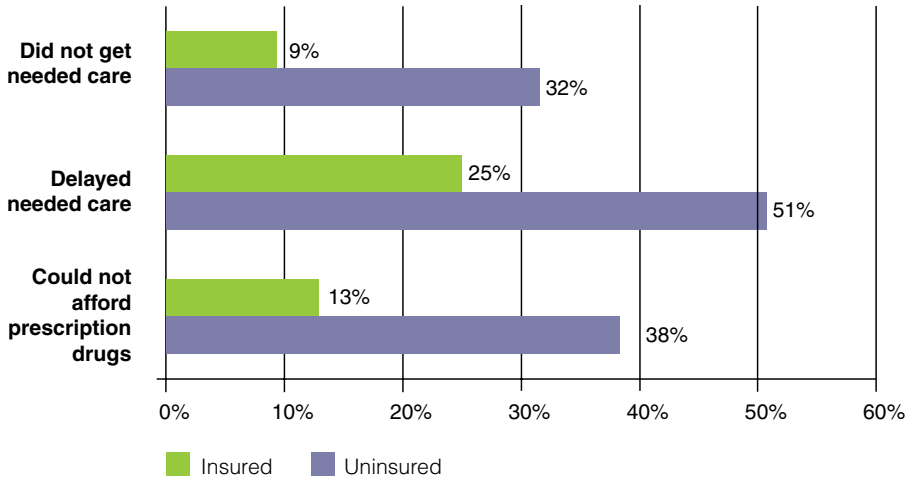
Survey respondents were asked to rate their overall health as "excellent," "very good," "good," "fair" or "poor"—a commonly used indicator associated with both morbidity and mortality.[1] One-quarter of those who are uninsured rated their health as fair or poor, compared to only 12 percent of insured respondents (Figure 2). Access to health coverage, including to free preventive care services under the ACA, may result in improved health status for those previously uninsured.

FIGURE 2: Self-reported health by insurance status



[a] See *Health Inequities in Connecticut and the Vital Role of the Safety Net* policy brief for an in-depth discussion of racial and ethnic disparities in access to coverage and care.

FIGURE 3: Barriers to care by insurance status



Coverage Does Not Equal Care: Barriers to Care in Connecticut

Eighty-six percent of insured individuals had at least one health care visit, compared to only 50 percent of uninsured residents. Eighty-six percent of those who are insured reported having a regular source of care compared to 61 percent of those who are uninsured. Overall, 1 out of 10 respondents did not get needed care, and nearly 3 out of 10 respondents delayed needed care. However, uninsured residents were three times more likely not to get needed care and twice as likely to delay needed care (Figure 3). Those who are uninsured also were three times more likely than those who are insured to be unable to afford to fill a prescription.

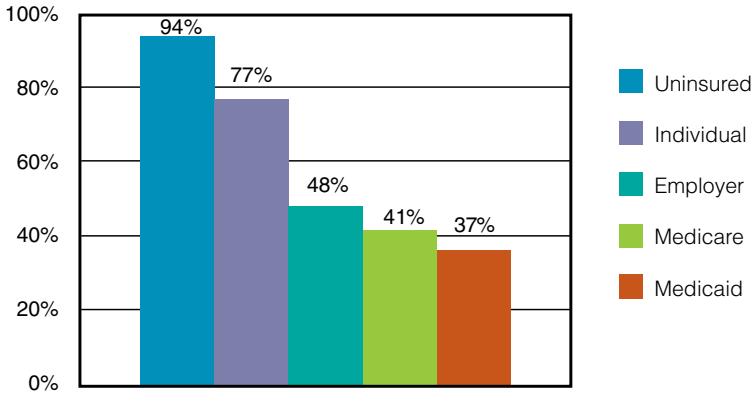
Cost concerns are the largest contributor to delayed care for all individuals, regardless of insurance status (Figure 4). Ninety-four percent of those who are uninsured and who postponed care did so because of cost. Among those who are insured, 77 percent with individual insurance reported cost as the primary barrier to care as did 48 percent with employer-sponsored insurance. Approximately 4 of 10 respondents with Medicare and Medicaid also reported that cost was the primary reason for not receiving or delaying care.

Place Matters: Access to Coverage and Care and Overall Health Status

Using the six health reference groups (HRGs) established by the Community Health Data Scan,[2] the survey documents substantial variation in access to coverage and care across Connecticut (Figure 5). Uninsured residents were two to three times more likely to live in more economically distressed areas—urban centers, diverse suburbs and manufacturing centers—than in mill towns, rural towns and wealthy suburbs. Access to a regular source of care also varied substantially by community. This is important because people who have a usual source of care (a place they usually go when sick such as a doctor's office or health center) are more likely to receive preventive care, not delay seeking care, receive continuous care, and have lower rates of hospitalization and lower health care costs.[3]

Widespread disparities in overall health also exist in Connecticut by place of residence

FIGURE 4: Citing cost as reason for not receiving or delaying care by insurance status



(Figure 6). Although 80 to 90 percent of residents report excellent, very good or good health regardless of where they live, those living in urban centers and manufacturing centers are twice as likely to report fair or poor health as those living in wealthy suburbs or rural towns (Figure 6).

POLICY IMPLICATIONS AND RECOMMENDATIONS

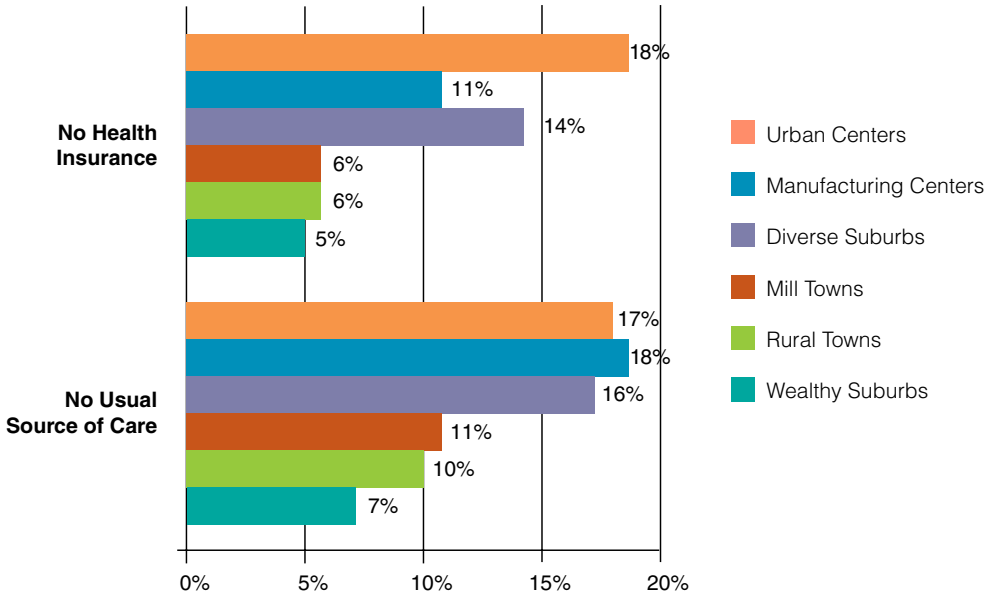
The Connecticut Health Survey provides valuable information to help make ACA implementation in Connecticut as successful as possible. It represents a unique baseline data set from which the impact of the ACA, once fully implemented, can be measured.

Access to Coverage

When open enrollment closed on March 31, 2014, Access Health CT, the state's health care marketplace, had enrolled over 208,000 residents in Medicaid and private insurance.[4] Connecticut was also recognized as being the first state to exceed nationwide enrollment targets.[5] Enrolling the remaining uninsured and retaining those who signed up are major challenges that lie ahead in 2015 and beyond. Hard-to-reach and vulnerable populations must be targeted for outreach and ongoing monitoring, including:

- Racial and ethnic minorities
- Young adults
- Self-employed residents
- Unemployed residents
- Small businesses, particularly those that employ low-wage workers and may be eligible for tax credits[b]
- Residents of large cities, manufacturing centers and diverse suburbs

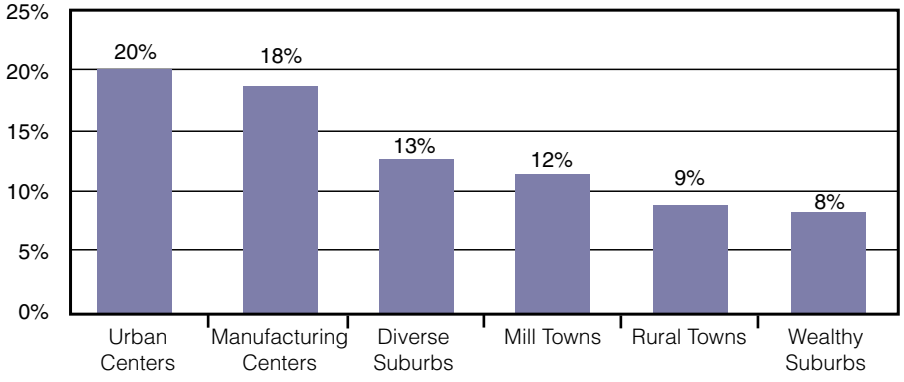
FIGURE 5: Percentage of people with no health insurance and no usual source of care by type of community



Access to Care: Prevention Services and Provider Capacity

The ACA removes cost-sharing for recommended preventive health services, such as screening for diabetes, mammograms, colonoscopies for adults over age 50 and HIV testing.[6] Expanded coverage and free preventive screenings should result in earlier detection, diagnosis and treatment and lead to improved health outcomes for all Connecticut residents, including vulnerable populations that carry

FIGURE 6: Percentage of CT residents reporting fair or poor health by type of community



[b] Small employers can enroll in coverage through the marketplace at any time during the year. They are not limited to an open enrollment period.

Access to Dental Care

The survey found 29 percent of adult residents had not received routine dental care in the past 12 months. In contrast, the survey found only 7 percent of children had not received routine dental care. Of those adults who did not receive routine dental care, 76 percent indicated this was due to cost. The ACA may not have a significant impact on access to dental care for adults. Although adults may opt to purchase separate dental insurance through Access Health CT, only one option is available and dental coverage is not required or subsidized. While Medicaid covers dental care for adults, access is hindered by reimbursement rates that are close to 50% lower for adults than for children. Poor oral health has a negative impact on physical health and is one of the leading causes of absenteeism for adults at work.[15] Better options for affordable adult dental coverage will be needed to achieve increased access to dental care and consequent improved health.

the heaviest burden of preventable and treatable chronic diseases.

The ACA provides funds to expand community health centers and school-based health clinics. Further development of these resources may be needed to ensure that those who are newly insured have access to a regular source of primary care and prevention services, regardless of where they live.

The ACA provides a temporary Medicaid reimbursement rate increase through 2014 to primary care physicians to equal the level of Medicare payments. The number of Medicaid providers in Connecticut has more than doubled since January 2012.[7] Increased Medicaid reimbursement for primary care and other efforts to encourage providers to join and remain in the Medicaid program should continue.

Access to Care: Cost

Connecticut has high health care costs and a high cost of living.[8, 9] High deductible health plans are more common in the individual insurance market. Even employer-sponsored insurance is shifting more costs to employees by freezing employer premium contributions and increasing deductibles.[10] Large deductibles and co-pays can be barriers to care, particularly among those with chronic diseases. These out-of-pocket costs are associated with higher hospitalization rates, higher morbidity and mortality and in some cases, higher overall health care costs.[11]

The standard silver plan, offered through Access Health CT, has a $3,000 individual deductible and a $400 pharmacy deductible.[12] Efforts have been made to apply high deductibles only to less frequently used but more costly services, such as inpatient hospitalization or outpatient surgery. Additional effort should be made to move toward value-based insurance plans that remove cost-sharing barriers and empower patients with the tools and support they need to prevent and manage chronic illness. Educating newly insured consumers about the availability of free preventive care without co-pays and about when deductibles actually apply is also paramount.

The Ultimate Goal: Improved Health for All Connecticut Residents

To ensure access to *effective* care, the ACA funds new payment and delivery models, such as implementation of patient-centered medical homes and better management of chronic diseases. Connecticut's Health Care Innovation Plan, developed with ACA funding, highlights many of these innovations.[13] The ACA requires nonprofit hospitals to conduct regular Community Health Needs Assessments and to develop plans to address health care and service gaps. The recently published State Health Improvement Plan provides important perspectives on the relationship between public health, social determinants of health and health systems improvement.[14] Taken together with the efforts to improve access to coverage and care, these actions have the potential to fulfill the promise of the ACA to improve the health of all Connecticut residents.

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Access to Coverage and Care: Targeting Implementation of the Affordable Care Act to Improve Health in Connecticut

HOW THE SURVEY WAS CONDUCTED

The Connecticut Health Care Survey (CTHCS), a population-based assessment of the health and health care of Connecticut residents with a focus on patient perceptions, was sponsored by six Connecticut-based health foundations: the Aetna Foundation, Children's Fund of Connecticut, Connecticut Health Foundation, the Patrick and Catherine Weldon Donaghue Medical Research Foundation, Foundation for Community Health, and Universal Health Care Foundation of Connecticut. The overarching goal of the CTHCS was to gather information relating to Connecticut residents' experiences and perspectives on their health and the health care system. The survey collected information by telephone using both landlines and cell phones from a sample of households across the state between June 2012 and February 2013. Adult residents of all ages were included, and some adults were asked to report on the children in their households. In all, 4,608 surveys of adults and 839 surveys of children were completed. The Center for Health Policy and Research at the University of Massachusetts Medical School designed the survey, conducted the data collection, and performed the initial analysis.

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